



C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

# IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

March 25, 2010

Carl Hanson, Administrator  
Minidoka Memorial Hospital  
1224 Eighth Street  
Rupert, Idaho 83350

RE: Minidoka Memorial Hospital, Provider ID# 131319

Dear Mr. Hanson:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Minidoka Memorial Hospital, on March 8, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states that the facility complies with the Federal requirements at 405.1022(b), and a copy of the State fire safety Statement of Deficiencies form, which states that the facility complies with the Fire Protection Standards of the Rules and Minimum Standards for Hospitals.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208) 334-6626.

Sincerely,

ERIC MUNDELL  
Health Facility Surveyor  
Facility Fire Safety and Construction Program

EM/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/17/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131319</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/08/2010</b>
NAME OF PROVIDER OR SUPPLIER <b>MINIDOKA MEMORIAL HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1224 EIGHTH STREET RUPERT, ID 83350</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>The hospital is a single story structure of Type II(111) construction. The original portion of the hospital was constructed in 1960 with an Extended Care Wing added in 1967 and a OB/Surgical wing added in 1999. A renovation of the 1967 addition, along with an expansion of the laboratory, was completed in August of 2005. The building is protected throughout by a complete automatic fire extinguishing system that was installed as part of the recent renovation/addition. The building's fire alarm sytem was also upgraded as part of the renovation/addition project. Emergency power is provided by an on-site, diesel powered generator. Piped in oxygen is provided through a bulk liquid tank located near the service entry. There are a total of ten (10) exits to grade plus direct exits from dietary, lab, ER, and the West ECF dining room. The Facility is currently licensed for 25 hospital beds.</p> <p>The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on March 8, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, adopted 11 March 2003, and 42 CFR 485.623.</p> <p>The Survey was conducted by:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131319</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/08/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>MINIDOKA MEMORIAL HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1224 EIGHTH STREET RUPERT, ID 83350</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
B 000	<p>16.03.14 Initial Comments</p> <p>The hospital is a single story structure of Type II(111) construction. The original portion of the hospital was constructed in 1960 with an Extended Care Wing added in 1967 and a OB/Surgical wing added in 1999. A renovation of the 1967 addition, along with an expansion of the laboratory, was completed in August of 2005. The building is protected throughout by a complete automatic fire extinguishing system that was installed as part of the recent renovation/addition. The building's fire alarm sytem was also upgraded as part of the renovation/addition project. Emergency power is provided by an on-site, diesel powered generator. Piped in oxygen is provided through a bulk liquid tank located near the service entry. There are a total of ten (10) exits to grade plus direct exits from dietary, lab, ER, and the West ECF dining room. The Facility is currently licensed for 25 hospital beds.</p> <p>The facility was found to be in substantial compliance during the annual Fire/Life Safety survey conducted on March 8, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, adopted 11 March 2003, and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho.</p> <p>The Survey was conducted by:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	B 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE